

CLEVELAND (A. H.)

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right maxillary antrum.





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CARCINOMA OF THE RIGHT MAXILLARY ANTRUM.¹

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R. T., a colored woman, whose age was not exactly known, but who was probably in the neighborhood of sixty years old, was first seen at the clinic of the Presbyterian Hospital on March 13, 1893. She gave a history of nasal trouble of over three months' duration, during which time she had been under constant treatment elsewhere, and had been several times cauterized. There was stoppage of the right side of the nose, with considerable discharge, both muco-purulent and crusty. Coincidently with the nasal trouble, she said, she began to have pain in the right ear, with dulness in hearing. The pain extended to the back of the neck, and there was stiffness of the jaw, with pain on opening the mouth widely. The patient claimed to have had no nasal trouble previously to this attack. The family history was hard to obtain and unsatisfactory.

Examination showed the right nostril filled with mucus. The lower turbinate was somewhat enlarged, but the middle turbinate was much enlarged and inflamed. A posterior view was not obtainable. The pharynx was not much congested. The right membrana tympani

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was considerably thickened; the left thickened and opaque, and in the posterior lower segment, below the malleus handle, were some chalk concretions.

As the last "burning" had been but recently done I attributed the inflammation to that, and prescribed a weak alkaline wash, to be used twice daily.

On March 29, 1893, the patient returned, still complaining of the discharge and stoppage. The inflammation seemed to have decreased, and attached to the right middle turbinate posteriorly was what appeared to be a large raspberry polyp. Its removal by the cold snare was followed by copious epistaxis, not, however, sufficient to be alarming. The nostril was plugged with gauze for a short time, but this was soon removed.

The sensation afforded by the snare while cutting through the growth was peculiar and hard to describe, but very characteristic. It was as if the tissue was emphysematous and the fibers brittle.

The polyp showed nothing peculiar except that there were some evidences of inflammation and small connective-tissue trabeculae running through it.

Microscopic examination was not made.

On April 3, 1893, the woman again returned with the discharge persistent. Examination showed the middle turbinate still swollen and very much inflamed. There had been one or two attacks of epistaxis, not of long duration, but very free while they lasted. The aural pain still persisted. She was again given a nasal wash, hoping that a few days would reduce the inflammation and allow more extended examination.

The patient did not return after this, and on the first of May the dispensary nurse looked her up, finding her at home and in bad condition.

She was immediately brought to the hospital and admitted to Dr. H. R. Wharton's ward. Through his kindness I was enabled to see her there. The first visit confirmed to my mind the diagnosis of carcinoma, which

I had before guardedly made. There was swelling of the entire right side of the face; the right eye was prominent, and the lids edematous, with considerable conjunctivitis and discharge, owing to inability to close them. The pain in the ear was still severe and persistent. The temperature varied slightly from 99°. Operation was thought inadvisable, and the patient gradually sank and died from exhaustion on May 12th.

The autopsy was made by Dr. H. W. Cattell, and from his notes, supplemented by later examination of the specimens, which I was privileged by the family to remove, we obtain the following:

A large extra-dural mass involved the neighborhood of the sphenoid bone superiorly, extending anteriorly to the crista galli and the orbital plate of the frontal bone on the right side. Posteriorly it extended nearly to the anterior margin of the petrous bone. The sella turcica seemed broken down and incorporated in the mass, which was of a soft consistence, and was infiltrated with pockets of sanguous pus. The right optic foramen was much enlarged and the bones disorganized. The eye on that side was diseased, shrunken, and discharging pus. The optic nerve in its backward course penetrated the mass of new growth and soon became unrecognizable. The cavity of the tympanum was not affected, the bones and membrane being intact. Below, the right maxillary antrum was filled with a gelatinous mass mixed with pus. The bony walls were apparently sound except posteriorly, where they were eroded. The lower turbinate was not enlarged anteriorly, but posteriorly had reached a large size. The middle turbinate was much involved, being enlarged in its whole extent. The septum was not affected. The growth and position of the mass pointed to an origin in the antrum. Microscopic examination of a specimen from there showed it to be a carcinoma.



